

graphy appears to be greatest when there is a biphasic response: improvement at low dose and worsening at high-dose Dobutamine. The initial improvement in wall motion reflects recruitment of contractile reserve during low-dose Dobutamine, and hence reflects viability. In comparison, higher doses lead to subendocardial ischemia and worsening of the wall motion abnormality, identifying stress-induced ischemia. Thus, testing at various doses appears to be important for the optimal assessment of myocardial hibernation by this technique. Patients with left ventricular dysfunction who demonstrate myocardial viability with Dobutamine stress echocardiography have a better survival with revascularization than with medical therapy.

Conclusion: The available data strongly suggests that DSE studies help differentiate viable from nonviable myocardium, and identify patients with ischemic LV dysfunction that will most likely benefit from coronary revascularization.

Keywords: Stress echocardiography, myocardial viability, hibernating myocardium

58. STUDY OF CONTEMPORARY LITERATURE ON THE TOPIC OF "CONGENITAL CLUBFOOT IN CHILDREN"

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Background: Clubfoot (TEV) is a congenital disorder, involve bone deformity and malposition in form of a curled shape or twisted position of the ankle, heel and toe with soft tissue contraction, that if left untreated can limit a person's mobility by making it difficult and painful to walk although inexpensive and reliable treatment exist, especially with the ponseti method.

Material of study: Congenital clubfoot (CTEV) is including several form of deformity: Talipes varus, Talipes valgus, Talipes equines, Talipes calcaneus, Talipes cavus. Easily identify in a new born which present with abnormal shape and rigid foot, leg torsion and tightening of Achilles tendon. Therefore immediately apply treatment with gentle manipulation follow by serial of casting, ending with splintage. Failure of conservative treatment and late presentation after 5 month of age are indications for surgery.

Results: Affected foot is usually smaller and shorter. Approximately appear in 1 case per 1000 live birth, male-to-female ratio is 2:1, bilateral involvement in 30%-50% of cases, there 10% chance of subsequent child being affected if parents already have a child with a clubfoot.

Conclusion: Clubfoot is the most common congenital anomaly of the foot found in children, frequency ranks second after locomotors pathology. It affects mainly males, as can be unilateral and bilateral. Outcome following management is subjectively good for the majority of patients.

Keywords: congenital clubfoot, anomaly, deformity

59. CHRONIC HEART FAILURE IN HYPERTENSIVE PATIENTS

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Introduction: Hypertension remains a major public health problem associated with considerable morbidity and mortality. Hypertensive heart disease is a constellation of abnormalities that includes left ventricular hypertrophy (LVH), systolic and diastolic dysfunction and their clinical manifestations including arrhythmias and symptomatic heart failure (HF). Presently, diastolic heart failure accounts for about 50% of the heart failure population.

Purpose and objectives: To determine the clinical and laboratory characteristics of heart failure in patients with hypertension.

Methods: It was a prospective study of 23 patients admitted in Institute of Cardiology